

New Hampshire Coronavirus Disease 2019 (COVID-19) Education and Childcare Partner Call

September 15, 2021

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Education and Childcare Partner Calls

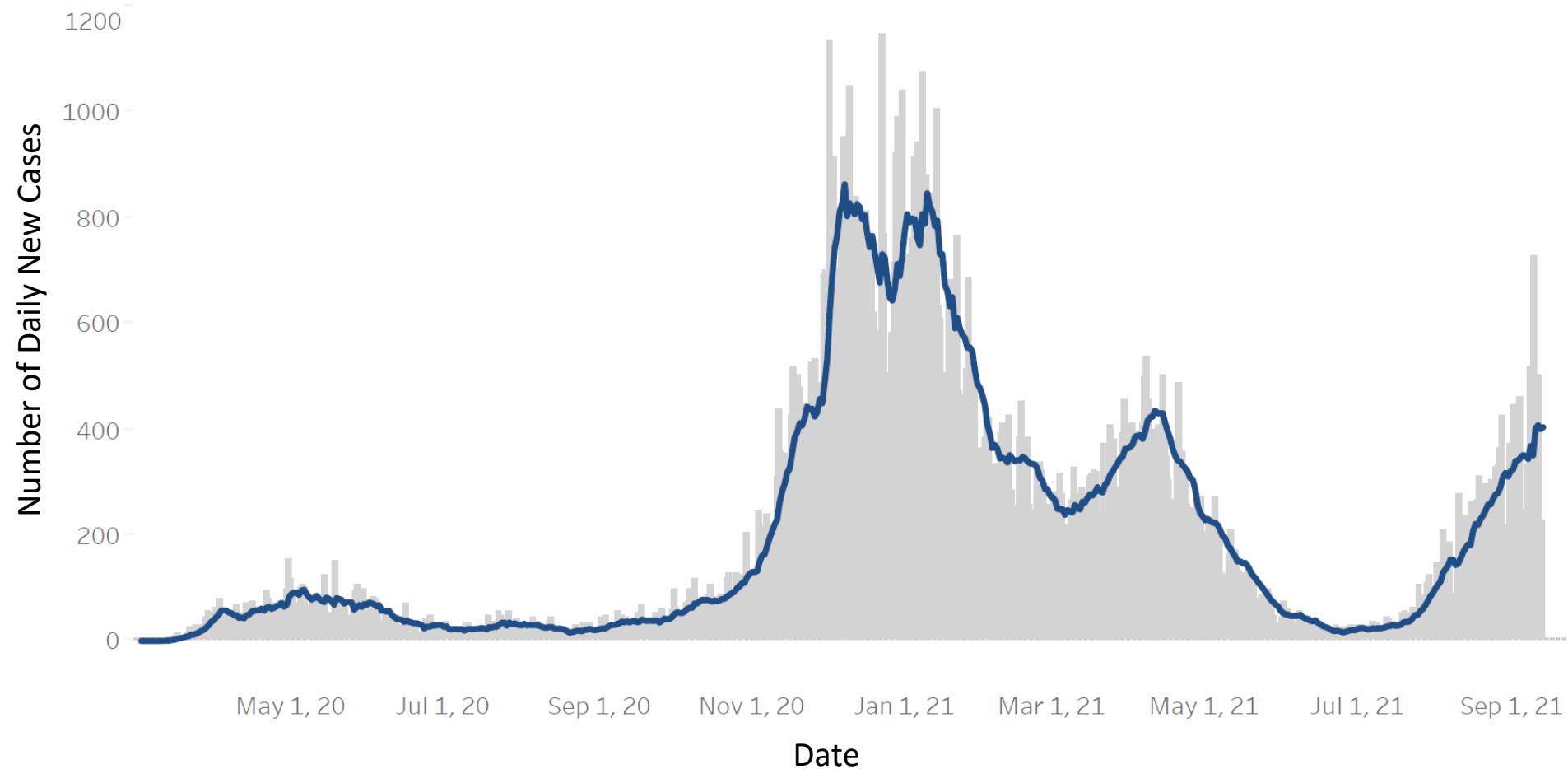
- 1st and 3rd Wednesday of each month from 3:30-4:30 pm
- Webinar/call information:
 - Zoom link: <https://nh-dhhs.zoom.us/s/98062195081>
 - Webinar ID: 980 6219 5081
 - Passcode: 197445
 - Telephone: 646-558-8656

Healthcare Provider & Public Health Partner Calls

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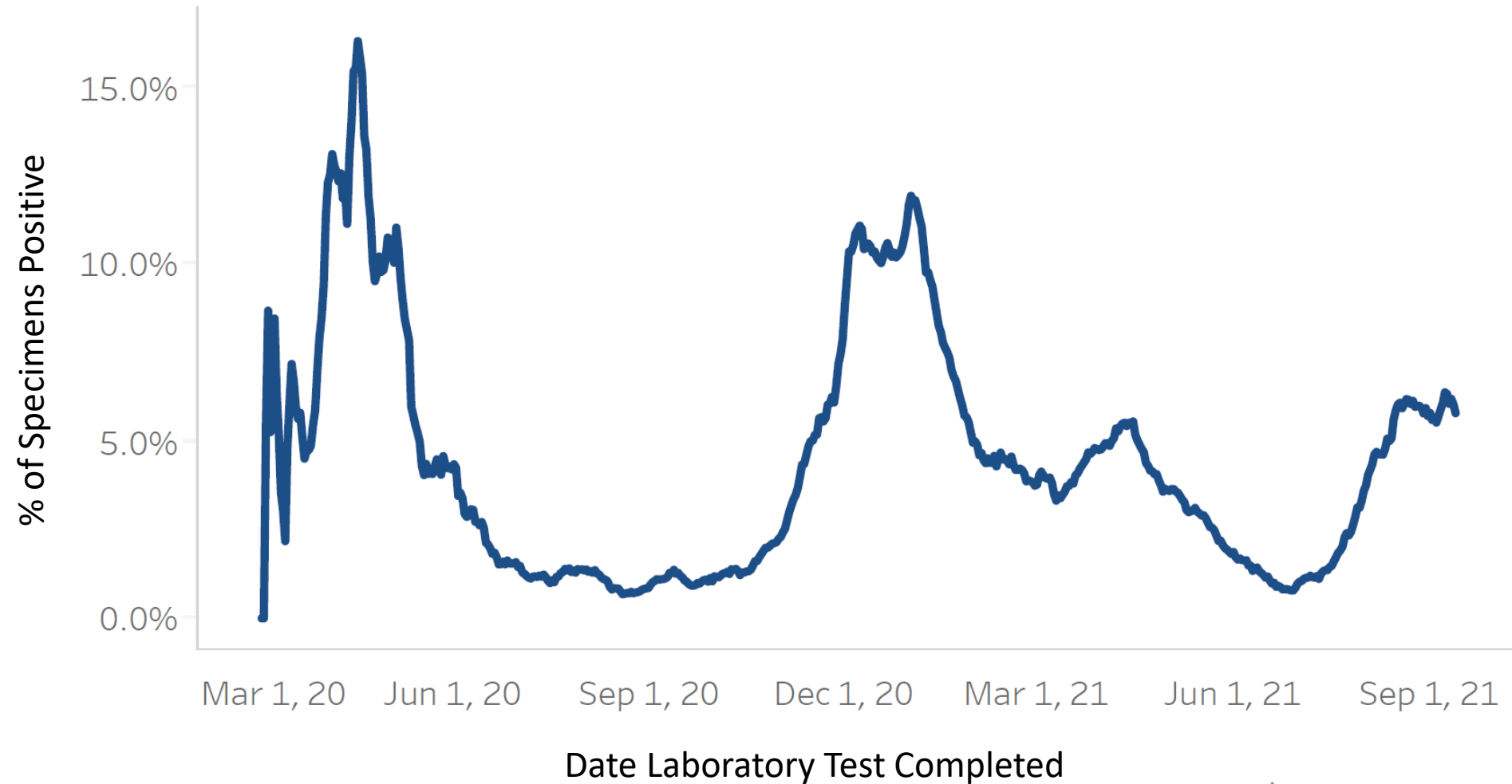
Epidemiology Update

Number of New COVID-19 Cases per Day in NH

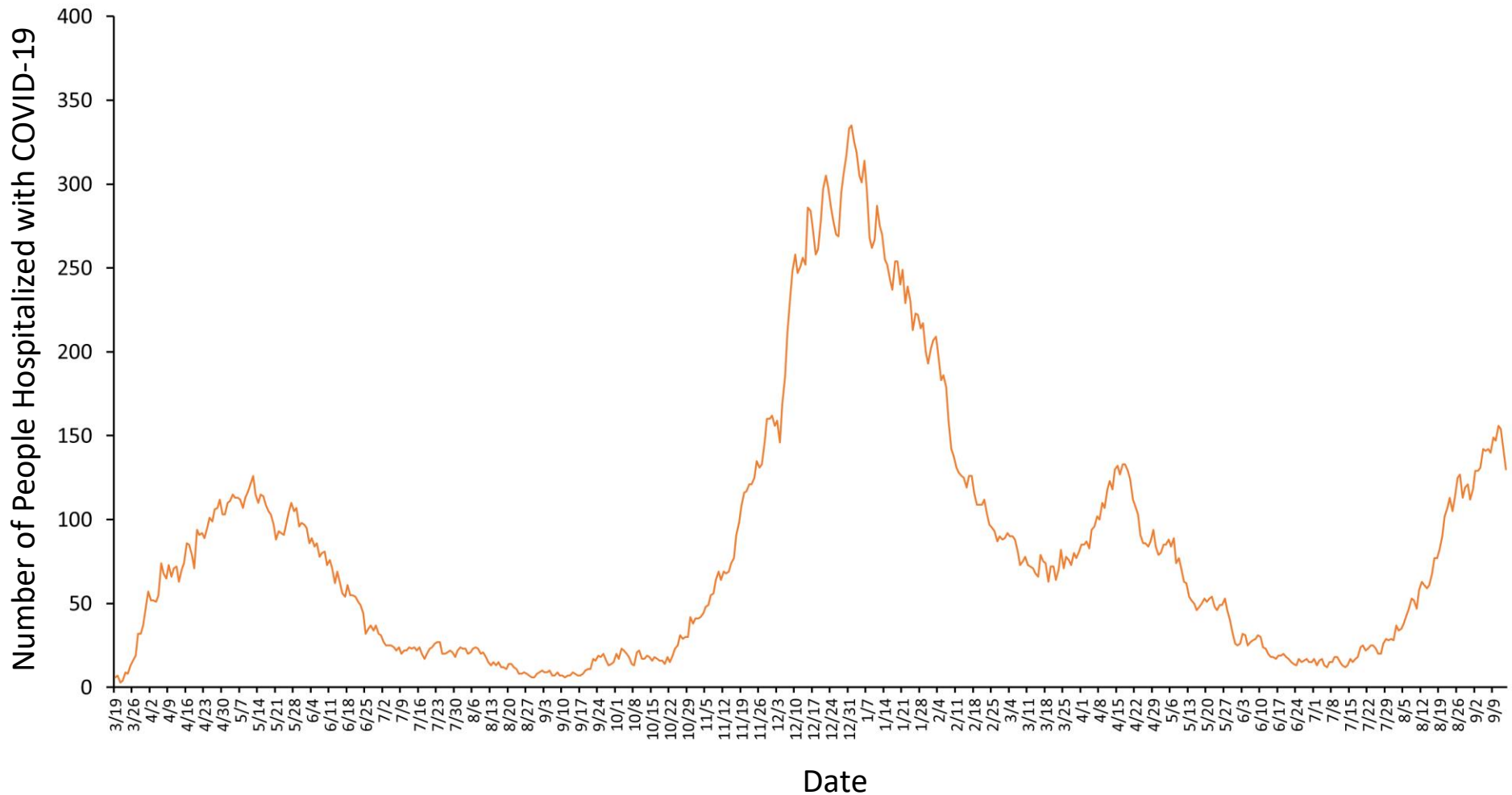


<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

% of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)



Number of People Hospitalized with COVID-19 Each Day in NH (Hospital Census)



<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

Average Number of COVID-19 Deaths per Day in NH (Based on Date of Death)



<https://www.nh.gov/covid19/dashboard/overview.htm#dash>

NH's Community Transmission Metrics

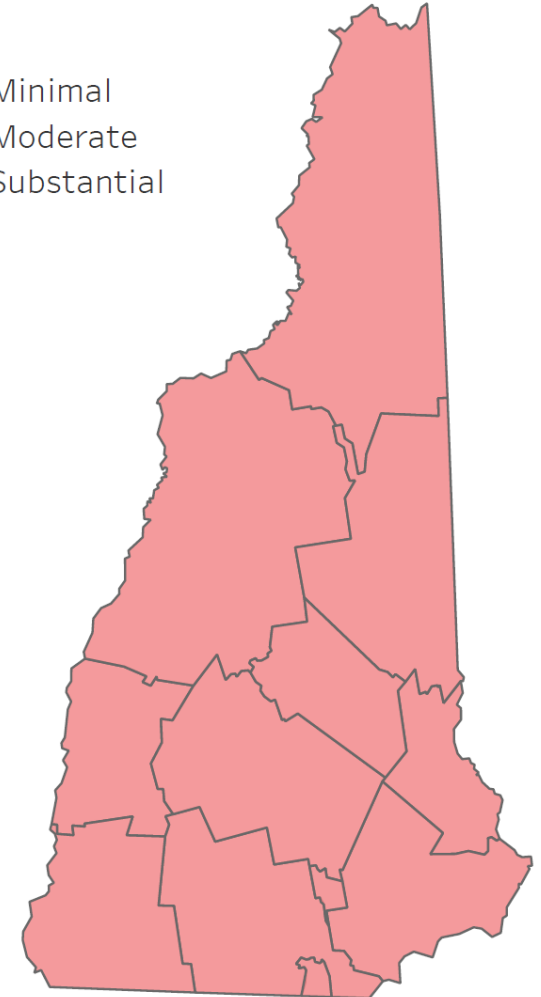
Criteria	Level of Community Transmission		
	Minimal	Moderate	Substantial
Test Positivity (7-day average)	<5%	5 – 10%	>10%
Rate of New Infections (14-day total rate)	<50	50 – 100	>100

The community transmission level is assigned based on the highest level identified by either one of the criteria

Level of Community Transmission in NH

Statewide
Level of
Transmission
Substantial

Minimal
Moderate
Substantial



New Cases per 100k
over 14 days

387.6

7-Day Total Test
Positivity Rate

5.8%

Data as of: 9/14/2021

<https://www.covid19.nh.gov/dashboard/schools>

K-12 School Clusters Over the Last ~2 Weeks

- 25 new clusters (all but 2 are active)
- Total # of infections associated with clusters: 146
 - Children: 135 (92%)
 - Staff: 11 (8%)
- Average # of cases per cluster: 6 (range 3 – 16)

COVID-19 Prevention Strategies

CDC's Key Prevention Strategies

- Promote vaccination
- Face mask use
- Physical distancing and cohorting
- Screening testing (K-12 schools)
- Increasing ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Isolation and quarantine
- Cleaning and disinfection

General Comments About Prevention Strategies (i.e., mitigation measures)

- Mitigation measures are intended for population-level control, and should be implemented at a population level
- NH DPHS has always based our recommendations on the “level of community transmission” (reflects community risk).
 - There is a greater need for mitigation measures when the level of transmission is “substantial” and relaxation can occur when “minimal”
- With the Level of Community Transmission currently “substantial” statewide, all schools and childcare programs should implement as many of the prevention strategies as possible to prevent in-school/childcare transmission, and keep kids in school/childcare

1. Promote COVID-19 Vaccination

- Vaccination is the most important tool we have to control COVID-19 and protect individuals and communities – vaccination rates still remain too low
- Vaccination is effective at preventing both symptomatic and asymptomatic infection, is highly effective at preventing severe disease (i.e., hospitalizations and deaths), and remains effective against the Delta variant
- Even if someone is infected after vaccination (which is not common), vaccination is still beneficial ([NEJM article](#)) and leads to:
 - Lower viral loads (i.e., less viral shedding)
 - Shorter duration of viral shedding
 - Lower risk of severe illness
 - Shorter duration of symptoms
- Schools should help promote vaccination and work with local healthcare partners and our Regional Public Health Networks (RPHNs) to set up school-based vaccination clinics (see [contact list](#))

2. Face Mask Use

- Face masks are intended to both protect the wearer, and serve as “source control” to prevent someone with COVID-19 from spreading it to others
- CDC has estimated ([JAMA article](#)) that 50-60% of COVID-19 transmission occurs from people who are asymptomatic
- Face masks are not necessary in most outdoor locations
- NH DPHS recommends everybody (staff and students) wear face masks indoors because of “substantial” community transmission currently statewide (*preventing COVID-19 transmission*)
- If you have an “optional” face mask policy, then you should implement face masks when responding to clusters of infections in a school or classroom (*responding to COVID-19 transmission*)

Face Masks Must Be Worn on School Buses

“[CDC's order](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html) applies to all public transportation conveyances including school buses. Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems...”

Does NH DPHS Recommend Masks if Students Can Be Separated by 3 feet? What About 6 feet?

- Face masks are recommended if students are separated by less than 6 feet of physical distance
- If students and staff are consistently separated by 6 feet or more, then schools can attempt to go without face masks in those settings, but (if acceptable) using face masks is still the more protective approach

3. Physical Distancing (and Cohorting)

- Full in-person learning
- Maximize physical distance to the extent possible between everybody with an ideal goal of at least 3 feet of separation (same recommendation as this past school year)
- Continue to implement cohorting in areas where it's feasible – this is more important for childcare agencies where physical distancing between young mobile children is not possible
 - As community transmission increases, more strict cohorting, and smaller sized cohorts (for childcare) should be considered

4. Screening Testing (K-12 Schools)

- Screening testing refers to testing people who are asymptomatic to detect infection early and prevent spread of COVID-19
- See CDC [K-12 school screening testing](#) guidance
- See NH [Safer at School Screening \(SASS\) Program](#) guidance
- There is funding and support to do this, and it's not too late to sign up: SASS@dhhs.nh.gov
- Schools are not required to conduct *routine* asymptomatic screening testing when enrolled in the SASS program
- You can use SASS testing for reactive testing, but only if you are enrolled with one of the testing vendors

Additional Screening Testing Considerations

- The SASS program can be an important resource in the event that testing a group of people is needed because of a cluster or outbreak (e.g., a sports team outbreak)
- At a minimum we suggest schools consider conducting routine asymptomatic screening testing on sports teams due to the increased risk posed by close contact in larger groups
- Schools that do not strictly implement other mitigation measures should consider implementing general staff/student population screening testing as a layer of protection when at a “substantial” level of community transmission

5. Increasing Ventilation

- Ventilation involves replacing indoor air with fresh outdoor air
- Ventilation helps remove and prevent build up of respiratory droplets and aerosols in an enclosed space
- See CDC guidance on [Ventilation in Buildings](#)
- See CDC guidance on [Ventilation in Schools and Childcare Programs](#)

6. Hand Washing and Respiratory Etiquette

- Wash or sanitize hands frequently
- Teach and practice good respiratory etiquette (covering coughs and sneezes)

7. Staying Home When Sick and Getting Tested

- NH DPHS continues to recommend a low-bar for excluding and testing people with new and unexplained [symptoms of COVID-19](#) that might indicate infection
 - This includes mild cold symptoms, and even singular symptoms
 - Both for people who are/aren't fully vaccinated
- At-home test kits (most are antigen tests) will be increasingly available and used – we continue to recommend that schools and childcare programs accept at-home test results
 - When instructions are followed and swabs are appropriately collected, the at-home antigen tests should have comparable accuracy to provider-collected swabs and antigen testing
- See the list of [COVID-19 testing locations](#) around NH

When Can a Symptomatic Person Return to School or Childcare?

- If a person tests positive or chooses not to be tested, they can return when they meet criteria for [discontinuation of isolation](#)
- If a person tests negative, they should be afebrile for at least 24 hours (off fever-reducing medications) with other symptoms improving before returning (i.e., a sick person should still not attend school or childcare)

8. Isolation and Quarantine (Contact Tracing?)

- We are focusing on investigating clusters/outbreaks and NOT conducting contact tracing for individual cases & community exposures
- Because this prevention layer is being relaxed, it is important to implement other layers of prevention more strictly
- People who are diagnosed with COVID-19 must still [isolate](#) at home until they have met criteria for [discontinuation of isolation](#)
- [Unvaccinated](#) close [household](#) contacts of someone with COVID-19 are still required to [quarantine](#) (e.g., people living or sleeping in the same household)
- Non-household/community contacts and vaccinated household contacts are recommended to [self-observe](#)/monitor for symptoms, wear a mask for 14 days after a potential exposure, and get tested around day 5 after an exposure (even if asymptomatic)
- Schools and childcare programs should identify who may have been exposed to a person with COVID-19 in a classroom setting and provide them with the [Self-Observation Guide](#) instructions

Should We Report Individual Cases to NH Public Health?

Yes, please report single cases

- Your report may be the only way we know a “case” is associated with your facility
- NH RSA 141-C and He-P301 mandate reporting of suspect and confirmed cases by healthcare providers and labs. If a school is conducting testing, the school is considered the reporting provider
- Report by either:
 - Calling 603-271-4496
 - Completing the [COVID-19 Case Report Form](#), fax to 603-271-0545

Information needed:

- Name of person
- Date of birth
- Home address
- Parent name and phone number
- Name of school
- Date of symptom onset
- Date of test (and test type, if known)
- Date person was last onsite (i.e., was the person onsite at the facility in the 14-days before symptom onset/test date?)

Why Aren't the Numbers on the School Data Dashboard Accurate?

- We're actively working on making the school data dashboard numbers more up-to-date
- Schools know about cases in real time but it can take a few days before cases reported to DHHS appear on the dashboard
- We need individual case reports from schools in order to associate a person with COVID-19 with that particular school
- Our "cluster" and "outbreak" definitions have also become discordant between the dashboard and our Toolkit – we are updating the definitions in the Toolkit to align with the current data dashboard definitions (this has caused significant confusion but is being actively being addressed)

9. Cleaning and Disinfection

- See CDC guidance on [Cleaning and Disinfecting Your Facility](#)
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces
- If a person with COVID-19 was in your facility within the last 24 hours, you should clean AND disinfect the spaces the person was in contact with
- When disinfecting, use an EPA [List N disinfectant](#) effective against COVID-19

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When Will We Stop Needing to Implement All These Prevention Strategies?

- Once vaccination is available for school aged children, and children have had the opportunity to be vaccinated we will transition away from relying on mitigation measures
- Mitigation measures are intended to be a temporizing bridge until we can vaccinate younger age groups
- We can also relax prevention strategies when community transmission is lower, which will happen more quickly when people get vaccinated

When Will Vaccination Be Available to Younger Children?

- We expected emergency use authorization (EUA) of COVID-19 vaccines in younger children this Fall
- We have heard from federal partners possibly by the end of this calendar year
- We are now hearing reports that Pfizer-BioNTech may have data to submit to the FDA by the end of September for EUA of their COVID-19 vaccine in children ages 5-11 years
- Best guess: possibly sometime by end of October – end of December 2021

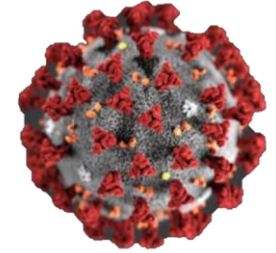
Comments from Others in NH DPHS

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